PTO/SB/17 (12-04)

Date: May 23, 2005

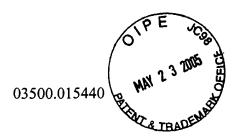
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U.S. Faterit and Traueman Cinco, S.S. Early Market Control number the Paperwork eduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL			Complete if Known					
			Application Number		09/879,008			
			Filing Date June 13, 2001					
For FY 2005			First Named	First Named Inventor MASAKI KASHIWAGI		HIWAGI		
Applicant claims small entity status. See 37 C.F.R. 1.27			Examiner Name		Mark R. Milia			
			Art Unit 2622		- wa			
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 03500.015440								
METHOD OF PAYME	NT (check all that a	pply)						
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee X Credit any overpayments						w, except for the filing fee		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
			RCH FEES Small Entity					
Application Type	Fee (\$) Fee (\$)	-		Fee(\$)	Fee(\$)	Fees Paid (\$)		
Utility Design	300 150 200 100	500 100		200 130	100 65	 		
Plant	200 100	300	150	160	80			
Reissue	300 150	500	250	600	300			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 25 20 100 360 180								
Total Claims	Extra Claims	Fee (\$) Fee Pa	aid (\$)	Multiple D	Dependent Cla	<u>ims</u>		
$\frac{19}{\text{HP = highest number of total claims paid for, if greater than 20}} - 20 \text{ or HP} = \frac{0}{\text{MP = highest number of total claims paid for, if greater than 20}}$			0	Fee(\$	_	ee Paid (\$)		
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)		<u> </u>	0		
7 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3								
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 								
Total Sheets	Extra Sheets	Number of each a	dditional 50 or	fraction thereof	<u>Fee (\$</u>	Fee Paid (\$)		
100 =		50 =	(round up	to a whole numb	er) x	=		
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY								
Signature	Mel Q. D.	<u> </u>	Regis (Attori	tration No. ney/Agent) 55,1	12	Telephone 202-530-1010		

Michael J. Didas

Name (Print/Type)



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
	: Examiner: Mark R. Milia
MASAKI KASHIWAGI)
	: Group Art Unit: 2622
Application No.: 09/879,008)
••	: Confirmation No.: 3370
Filed: June 13, 2001)
,	:
For: IMAGE FORMING APPARATUS AND) May 23, 2005
IMAGE FORMING METHOD	:

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed February 23, 2005, Applicant submits the following amendments and remarks.